## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/034342

| Effective October 1, 2003                                                                                                                                                                                                                                               |                                                |                                           |                |                                    |              |                  |                   |                 | · L                    |         |                               |                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------|------------------------------------|--------------|------------------|-------------------|-----------------|------------------------|---------|-------------------------------|-------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                          |                                                |                                           |                |                                    |              |                  | SMALL ENTITY TYPE |                 |                        | OR      | OTHER THAN<br>OR SMALL ENTITY |                         |  |
| T(                                                                                                                                                                                                                                                                      | OTAL CLAIMS                                    | 3                                         |                | ·                                  |              |                  | RATI              | E               | FEE                    | 7       | RATE                          | FEE                     |  |
| FOR                                                                                                                                                                                                                                                                     |                                                |                                           | NUMBER FILED   |                                    | NUMBER EXTRA |                  | BASIC             | EE              | 385.00                 | OR      | BASIC FEE                     | <del></del>             |  |
| TO                                                                                                                                                                                                                                                                      | TAL CHARGE                                     | ABLE CLAIMS                               | n              | minus 20=                          |              | *                |                   | =               |                        | OR      | X\$18=                        |                         |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                      |                                                |                                           | minus 3 =      |                                    | *            |                  | X43:              | =               |                        | OR      | X86=                          |                         |  |
| Μl                                                                                                                                                                                                                                                                      | LTIPLE DEPE                                    | NDENT CLAIM F                             | RESENT         |                                    |              |                  | +145              |                 |                        | _       | +290=                         |                         |  |
| * If                                                                                                                                                                                                                                                                    | the difference                                 | e in column 1 is                          | less than      | zero, enter                        | "0" in (     | column 2         | TOTA              |                 |                        | OR      | TOTAL                         |                         |  |
| ć                                                                                                                                                                                                                                                                       | 3/9/06                                         | CLAIMS AS A                               | MENDE          | MENDED - PART II                   |              |                  |                   | L               | NTITY                  | OR      | OTHER<br>SMALL                |                         |  |
|                                                                                                                                                                                                                                                                         |                                                | (Column 1)<br>CLAIMS                      | <del></del>    | (Colun<br>нідні                    |              | (Column 3)       | JIMAL             | · • · · · · · · | ····                   | OR<br>1 | SWALL                         |                         |  |
| AMENDMENT A                                                                                                                                                                                                                                                             |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                | NUME<br>PREVICE<br>PAID F          | BER<br>JUSLY | PRESENT<br>EXTRA | RATE              |                 | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
| NDV                                                                                                                                                                                                                                                                     | Total                                          | * //                                      | Minus          | ** 6                               | 20           | =                | X\$ 9=            |                 |                        | OR      | X\$18=                        |                         |  |
| AME                                                                                                                                                                                                                                                                     | Independent                                    | * 2                                       | Minus          | ***                                | 3            | =                | X43=              |                 |                        | OR      | X86=                          |                         |  |
|                                                                                                                                                                                                                                                                         | FIRST PRESE                                    | ENTATION OF M                             | ULTIPLE DI     | EPENDENT                           | CLAIM        |                  | +145=             |                 |                        | OR      | +290=                         |                         |  |
|                                                                                                                                                                                                                                                                         |                                                |                                           |                |                                    |              |                  |                   | XL<br>E         |                        |         | TOTAL<br>ADDIT. FEE           |                         |  |
|                                                                                                                                                                                                                                                                         |                                                | (Column 1)                                |                | (Colum                             | าก 2)        | (Column 3)       | ADDIT. FE         |                 |                        |         | ODII. I LLI                   |                         |  |
| ENI B                                                                                                                                                                                                                                                                   |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUME<br>PREVIO<br>PAID F  | BER<br>USLY  | PRESENT<br>EXTRA | RATE              | 7               | ADDI-<br>FEE           |         | RATE                          | ADDI-<br>TIONAL<br>FEE- |  |
| NON                                                                                                                                                                                                                                                                     | Total                                          | *                                         | Minus          | **                                 |              | =                | X\$ 9=            |                 |                        | OR      | X\$18=                        |                         |  |
| AMENDMENT                                                                                                                                                                                                                                                               | Independent                                    | *                                         | Minus          | ***                                | CL AIRA      | = -              | X43=              |                 |                        | OR      | X86=                          | •                       |  |
|                                                                                                                                                                                                                                                                         | FINO I PRESE                                   | NTATION OF MU                             | JLIPLE DE      | PENDENT                            | CLAIM        |                  | +145=             |                 |                        | OR      | +290=                         |                         |  |
|                                                                                                                                                                                                                                                                         |                                                |                                           |                |                                    |              |                  | TOTA<br>ADDIT. FE |                 |                        | L<br>OB | TOTAL<br>DDIT. FEE            |                         |  |
|                                                                                                                                                                                                                                                                         |                                                | (Column 1)                                | <b>Y</b>       | (Colum                             |              | (Column 3)       |                   | •               |                        |         |                               |                         |  |
| AMENDMENIC                                                                                                                                                                                                                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA | RATE              |                 | ADDI-<br>IONAL<br>FEE  |         | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
| 202                                                                                                                                                                                                                                                                     | Total                                          | *                                         | Minus          | **                                 |              | =                | X\$ 9=            |                 |                        | OR      | X\$18=                        |                         |  |
|                                                                                                                                                                                                                                                                         | Independent                                    | *                                         | Minus          | ***                                |              | =                | X43=              | 1               |                        | OR      | X86=                          |                         |  |
|                                                                                                                                                                                                                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                |                                    |              |                  |                   | +               |                        |         |                               |                         |  |
| * If                                                                                                                                                                                                                                                                    | the entry in colu                              | mn 1 is less than th                      | e entry in col | umn 2, write "                     | 0" in coli   | umn 3.           | +145=<br>TOTAL    |                 |                        | OR      | +290=                         |                         |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                |                                           |                |                                    |              |                  |                   |                 |                        | OR A    | TOTAL<br>DDIT. FEE            |                         |  |
|                                                                                                                                                                                                                                                                         |                                                | nber Previously Paid                      |                |                                    |              |                  | ound in the a     | ppro            | priate box             | in colu | mn 1.                         |                         |  |